



U.S. Department of State

Bureau of Human Resources/Office of Retirement

ELECTION OF LESS THAN MAXIMUM SURVIVOR BENEFIT

(To Be Completed By Spouse)

My signature on the survivor benefits election form "**Election of Annuity Benefits**", indicates that I freely consent to the decision made by my spouse with regards to survivor benefits.

Annuitant's Name _____
(Please Print)

Annuitant's Social Security Number _____

Spouse's Name _____
(Please Print)

Spouse's Signature _____

Spouse's Social Security Number _____

Date *(mm-dd-yyyy)* _____